



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS
BILIRAN DISTRICT ENGINEERING OFFICE
REGIONAL OFFICE VIII
Naval, Province of Biliran

Name of Procuring Entity : DPWH-BDEO

Purchase Request (P.R. No.) : 2024 - 10 - 0142

Revised on :

Date : 10 - 24 - 2024

Standard Form/Title : REQUEST FOR QUOTATION

Office/End-User : Admin, PDS, QAS, Maint, FS and
Construction Section

COMPANY NAME :

ADDRESS :

TEL. NO/FAX NO. :

T.I.N. :

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions set herein and submit to the BAC Secretariat for Gods your Quotation duly signed by you or your authorized representative prior closing time at 09:00 A.M on 13 OCT 2024 after which opening of Bid will follow on the same day

TERMS and CONDITIONS

1. All entries must be typewritten or legibly written.
2. Delivery period within 30 Calendar days upon receipt of the approved funded Purchase Order (PO). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be imposed for non-delivery without valid reason.
3. Warranty shall be for a minimum of three (3) months for supplies & materials:
4. One year for Equipment from date of acceptance by the end user. (Three years for IT Equipment)
5. Price validity shall be for a period of sixty (60) calendar days.
6. G-EPIS Registration Certificate/Mayor's Permit /Tax Clearance / SPA / Company ID / Orgazotional chart / DTI / BIR Certificate of registration (COR) / ITR (if above 500 thousand approve ABC) shall be attached upon Submission of the quotation.
7. Statement of the prospective bidder that is not blacklisted or barred from bidding by the Government or any of its agencies, office, corporations or LGU (Sec.25 .2.iv.1,R-IRR of RA No. 9184;9.2,COA Cir.2012-001)
8. Sworn affidavit of the bidder that it is not related to the head of the Procuring Entity (HOPE) by consanguinity or affinity up to the third civil degree (Sec. 47, R-IRR of RA 9184; 9.2,COA Cir.2012-001)
9. Bidders shall submit original brochures showing certifications of the product.
10. Please indicate the brand for each items being offered.

11. The approved budget ceiling for this procurement is

P500,500.00

12. To be delivered at DPWH, BDEO COMPOUND

ROSARIO B. ROSETE

OIC Asst. District Engineer
(BAC, Chairperson)

ITEM NO.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Maintenance Box C9345 for Epson L15150, L6550	25			
2	Brother Ink TN269XLBK	5			
3	Brother Ink TN269XLM	3			
4	Brother Ink TN269XLC	3			
5	Brother Ink TN269XLY	3			
6	HP toner 204A black	8			
7	HP toner 204A cyan	8			
8	HP toner 204A yellow	8			
9	HP toner 204A magenta	8			
10	Printer Ink, Epson No. 008 Black	20			
11	Printer Ink, Epson No. 008 CYAN	15			
12	Printer Ink, Epson No. 008 Magenta	15			
13	Printer Ink, Epson No. 008 Yellow	15			
14	Printer Ink, Epson No. 003 Black	35			
15	Printer Ink, Epson No. 003 CYAN	30			
16	Printer Ink, Epson No. 003 Magenta	30			
17	Printer Ink, Epson No. 003 Yellow	30			
18	Printer Ink, Epson No. 004 Black	10			
19	Printer Ink, Epson No. 004 CYAN	5			
20	Printer Ink, Epson No. 004 Magenta	5			
21	Printer Ink, Epson No. 004 Yellow	5			
22	Printer Ink, Epson No. 664 Black	10			
23	Printer Ink, Epson No. 664 CYAN	5			
24	Printer Ink, Epson No. 664 Magenta	5			
25	Printer Ink, Epson No. 664 Yellow	5			
26	Brother Ink LC3617 black	20			
27	Brother Ink LC3617 yellow	10			
28	Brother Ink LC3617 cyan	10			
29	Brother Ink LC3617 magenta	10			
	X-X-X-X-X-X-X-X				
	Ink must be original/genuine				

(Please see attached complete specifications)

TOTAL AMOUNT :

The awarding for this RFQ will be on lump-sum basis. Prospective Suppliers must quote for all the items.

Otherwise they will be subjected for disqualification.

Brand and Model : _____
Warranty : _____
Delivery Period : _____
Price Validity : _____

After having carefully read and accepted your General Conditions, I/We quote you on the item(s) at prices noted above. If the space for Delivery Period, Warranty and Price Validity are left blank, it means that I concur with the Terms and Conditions specified by DPWH.

Printed Name/Signature/Date

Tel. No./Cellphone No./E-mail Address